



QUARTER 4

PIP 3.1.3

Rural

Rural Region 18 Month and Over Permanency Case Review Report
PIP Item 3.1.3
December 2011

The purpose of this case review is to examine cases that have been in out of home care for more than 18 months and have a low prognosis of achieving permanency within the next 12 months; and to develop a plan to expedite permanency plans and institute process changes to reduce future and ongoing barriers to permanency.

In August of 2011, 156 children in out of home care for 18 months and over were identified by agency supervisors and their names were submitted to the Rural Quality Assurance Coordinator. Of the 156 children, it was determined that 52 of them will not likely achieve permanency in the next 12 months. Thirty-five of these children, who are a part of a sibling group, were selected for the review.

Each of the 35 children were reviewed using a permanency case review tool sponsored by Casey Family Programs. The tool was completed for each child utilizing information from the UNITY computer system, case file reviews and interviews with caseworkers.

Case Reviews

Child Demographics

Thirty-five children were selected for review. Sixty-three percent of the children are female. The children's ages range from two years old to seventeen years old; however, the majority of the children (70%) are age twelve or older. Approximately 74% of the children are Caucasian, 10% Hispanic, 8% Native American and 8% Caucasian/African-American.

Reason(s) for the Most Recent Entry into Foster Care

Approximately 66% of the children were removed from the home due to neglect including abandonment, lack of supervision, negligent treatment, parent in jail, parent substance abuse, physical and environmental neglect. Seventeen percent were removed due to sexual abuse and 14% were removed due to physical abuse. It is noted that in 23% of the cases (although not the reason for removal) it was determined that the child had been sexually abused as well. This increases the number of children identified to have been sexually abused to 40%.

Child Abuse and Neglect History

Eighty-three percent of the cases had prior Child Protective Service (CPS) reports, ranging from one to fifteen reports. The average number of reports received was seven per case. Twenty-nine percent of the reports were substantiated primarily for neglect (abandonment, lack of supervision, filthy home) and two reports for physical abuse.

Risk Factors for Parents

Seventy-five percent of the cases had parents with substance abuse issues; 69% mental health issues; 43% domestic violence issues; 14% criminal history and 20% had other risk factors such as medical issues, lower functioning parents and income/housing issues.

Child's Emotional, Educational, Medical and Behavioral Characteristics

Thirty-one of the children (87%) have a mental health diagnosis, the most pervasive diagnoses being Post Traumatic Stress Disorder related to abuse and/or neglect, Attention Deficit Hyperactivity Disorder, Bipolar Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder and depression. There are also a number of cases where Fetal Alcohol Syndrome/Inter-uterine drug exposure is suspected.

Thirty-one of the children (87%) are described to have significant behavioral issues. These behaviors include severe tantrums (screaming for hours, hitting, kicking, biting, spitting); physical and verbal aggression (destroying the home and/or the neighbor's home, fire starting, harming animals, hurting other children); self-harm behaviors (cutting); sexually acting out (including with other children in the home and at school); arguing, lying, stealing and other defiant behaviors.

Nineteen of the children (54%) are described to have special educational needs (mostly due to behavior) requiring an Individual Education Plan (IEP) and in some cases a specialized school and/or self-contained classroom. Thirty-seven percent of these children were also identified as having cognitive or learning delays.

Fourteen of the children (40%) are reported to be doing well in school with no special needs. Caseworkers described a number of the children as "very smart" and "earning A's and B's".

Two of the children are not of school age.

Eighty percent of the children have no serious medical issues. They are reported to be healthy children who are current with immunizations and medical appointments. One child has severe medical needs due to a traumatic brain injury and another has physical deformities and cognitive delays related to a genetic disorder.

Nine of the children (26%) have substance abuse issues including use of alcohol, marijuana, cocaine, methamphetamine and heroin. One child has been diagnosed with poly-substance dependency.

Three of the children (approximately 9%) are currently involved with the Juvenile Probation system.

Child Placement Characteristics

The total number of years in foster care (across multiple episodes) ranges from two years to eight and a half years. The average length of stay for this group of children is four and a half years. Sixty-six percent of the children have been in care for four years or longer. Seventy-four percent of the children have had one entry into foster care, the remaining 26% have had two entries. The number of placements range from one to thirteen. Seventy-four percent of the children have had five or more placements, the average number of placements is seven.

Sixty-three percent of the children have had relative placements. Forty-five percent of these placements disrupted. Thirty-four percent of the disruptions reportedly occurred due to the relative's inability to cope with the child's aggressive, destructive and/or defiant behavior. In 11% of the cases, the agency removed the child due to mental health and/or substance abuse issues with the relative caregiver. Five children from this review are currently in relative placements.

In 37% of the thirty-five cases, identified relatives were either unwilling or unable to care for the child. Most were not willing to deal with the child's behaviors, some had medical issues and were older in age. The agency also ruled out a number of relatives due to criminal history, substance abuse issues in the home, and previous CPS history.

Sixty-three percent of the children have siblings in care. Fourteen percent of the children are placed with their siblings at this time. Twenty-three percent of the children were previously placed with a sibling; however, the placement disrupted, in most cases due to the child or the sibling requiring a higher level of care.

Interstate Compact for the Placement of Children (ICPC) requests were made in 60% of the cases. Placements resulted in 34% of the cases. Currently, four children remain in ICPC placements with relatives or fictive kin.

Fifty-six percent of the ICPC placements have ended in disruption. Most of the disruptions appear to have been caused by the caregiver not following through with services for the child and an inability to deal with the child's behavior.

Ninety-two percent of the children have experienced at least one placement disruption (this includes ICPC disruptions). The number of disruptions ranges from one to seven, with the average being three. In 72% of the cases the reason for disruption is reportedly due to the caregiver's inability or unwillingness to cope with the child's behavior (23% of these cases had foster parents who were interested adopting the child, but changed their minds due to the child's behavior). Some of the identified behaviors include sexually acting out, self-harming, masturbating in public, touching other children in the home, urinating on walls, physically assaulting other children in the home (including the foster parent's biological children), property destruction, verbal and physical aggression, substance abuse and running away. In one case the foster parents indicated that they were "afraid" of the child and wanted the child removed immediately. In the majority of these disruptions, the child was moved to a higher level of care.

One child was removed from an adoptive placement due to sexual abuse in the home.

The remaining 20% of the disruptions include cases where the foster parents moved, closed their homes, were not willing to adopt sibling groups, were getting older in age and/or had medical issues.

Currently, approximately 34% of the children are placed in regular family foster homes; 29% are in therapeutic foster homes and 14% are placed with relatives. Two children (6%) are placed in mental health treatment centers; one child is in a psychiatric hospital; one is in a correctional facility; one is in an emergency shelter; one is in an independent living home; one in a nursing home and one child is on runaway status (the child ran away from a mental health facility).

Permanency Goals and Case Plans

In 86% of the cases the case plans and permanency goals appear to have been updated timely to reflect progress and/or changes occurring in the case.

Parental rights were terminated, or they relinquished their parental rights, in 49% of the cases. There was a delay in completing Termination of Parental Rights (TPR) in 14% of the cases. It appears to be due to a combination of delays in filing with the court and scheduling the hearing. This was reportedly due to high Child Protective Services (CPS) case loads and a backlog at the courts.

Termination of Parental Rights have not been filed in 43% of the cases.

Sixty-three percent of the cases have a permanency goal of adoption; 14% guardianship; 14% foster care until the age of 18; one goal of "maintaining child in the home"; one goal of "long term medical facility" and one goal of "live with non-custodial parent".

In 69% of the cases, caseworkers reported that the children are "very involved" in their case planning and child and family team meetings. Twenty-four percent of the children are reported to be "somewhat involved" depending on the mood/behavior of the child and in three cases it was reported that the children are "not involved" at all.

Sixty percent of the children (14 and over) have Independent Living Plans and the remaining youth have received information and referrals to the Independent Living Program (ILP).

Assessments and Services

All of the children under review have been assessed for services in an attempt to meet their medical, physical, educational and emotional health needs. Assessments include (but are not limited to) mental health evaluations, psychiatric evaluations, neuro-psychiatric evaluations, medical and dental evaluations, Nevada Early Intervention developmental screenings and Educational assessments.

Eighty-six percent of the children are receiving comprehensive services to address their needs. Caseworkers report that in the majority of these cases they have “really good” treatment teams working together to ensure that the children’s needs are being met.

Eleven percent of the children need additional services. One child has been denied services from a treatment facility due to policy issues with that facility; however, due to efforts by the caseworker, the agency has agreed to re-evaluate the child for services. Another child has specialized needs requiring a specific type of trauma focused therapy and the agency is in the process of locating services for that child. In another case, the agency is in the process of setting up counseling for a child in an ICPC placement.

Barriers to Permanency

In 92% of the cases, the lack of an adoptive home was identified as a barrier to permanency. The review indicates that there are a limited number of foster homes willing to adopt. Twenty-three percent of the foster parents who were considering adoption changed their minds, in most cases due to the child’s behavior. Only three (9%) of the current caregivers are still planning to adopt.

Six of the current caregivers (17%) have committed to keeping the child in their home until an adoptive placement can be found.

In thirteen of the cases (37%) the current foster parents are willing to care for the child until the child reaches the age of 18; however, they are not willing to adopt or seek guardianship. Reasons include not being able to care for the child, or meet their specialized needs, without the support and assistance from the Division of Child and Family Services, the ILP program, and therapeutic services received through foster home agencies such as Koinonia or Mountain Circle. Some foster parents never planned to adopt, and are still not interested in adopting, but have bonded with the child and would like to be a part of the child’s life forever as “fictive kin”.

For 83% of the cases, the behavior of the child was identified as a barrier. As noted previously, these behaviors prove challenging for caregivers as demonstrated by the 72% of cases that experienced placement disruptions due to the child’s behavior. The behaviors include physical and verbal aggression, self-harm, sexually acting out, theft, destruction, substance abuse and running away.

In 54% of the cases, the child’s significant emotional, behavioral, educational, cognitive, developmental and/or medical needs were identified to be a barrier. Forty-six percent of the children currently require higher levels of care including therapeutic foster homes, psychiatric hospitals and a medical facility.

For 49% of the cases, limited reunification efforts by the parents was identified as a barrier. Caseworkers reported that there was little to no efforts made by the parents to work towards reunification with the child, and relatives were either unable or unwilling to care for the child.

There were court and legal issues identified as barriers to permanency in 32% of the cases including continued court hearings and delays in scheduling TPR hearings.

In 32% of the cases the children do not want to be adopted and will not consent to adoption. Some of the children still have relationships with their parents and do not want to “cut ties” with their parents or other relatives.

In 11% of the cases, caregivers were not able and/or willing to adopt an entire sibling group.

Delays with the ICPC process were identified as a barrier in 6% of the cases. In one case it took seven months for the receiving state to process the ICPC request. DCFS re-submitted the request and has been waiting three months for a determination.

Other barriers reported to have affected permanency include the age of the child (most are pre-teens or teens); the race of the child; the child will not consider an adoptive placement outside of their local area; tribal request to move a child; one child has an infant of her own; and in some cases the child’s therapeutic treatment teams have determined that moving towards adoption at the current time would be detrimental to the child’s mental health, at least until the child has stabilized.

Child’s View of Permanency

According to caseworkers, approximately 20% of the children want to be adopted by an adoptive family and 11% of the children want to be adopted by their current foster parents.

Twenty-six percent of the children do not want to be adopted, but want to stay in their current home. Fourteen percent of the children do not want to be adopted and want to live on their own. One child wants to go live with relatives and the other wants to return to a former foster parent. The rest of the children want to remain with relatives.

This indicates that slightly more than half of the thirty-five children (52%) would like to remain in their current placements.

Best Possible (but Realistic) Permanency Outcomes in the Next Six Months

Based on caseworker interviews, for the majority of the cases (approximately 72%) the best possible, but realistic outcome is that the child remain in the current placement with services in place until an adoptive home can be identified. Guardianships with relatives will hopefully be established in the next six months for 12% of the children; 6% should have an adoption finalized; one child plans to go to Job Corp and one will to go to a treatment facility upon release from detention.

Recommendations

- Consider implementing Permanency Roundtables as conducted in Georgia with Casey Family Programs to review cases where the children have been in care 18 months or longer. The process is designed to accelerate permanency by “busting” barriers through case consultation, resulting in a “Permanency Action Plan” for each child.
- Make certain that service provisions are in place as much as possible before sending the child to an ICPC placement.
- Ensure services are meeting the child’s needs.
- Continue to collaborate with the Court Improvement Project workgroup to address identified court issues affecting permanency including ICPC guardianship issues with California, delays in scheduling TPR hearings and continued hearings.
- Continue efforts to actively recruit for foster and adoptive homes and provide full disclosure of the child’s needs.
- Provide assistance to agency staff in obtaining delayed ICPC home studies.
- Continue to provide supportive oversight and direction to caseworkers. The majority of the workers feel “supported by the team” in their agency. A number of the workers cited the meetings with their “placement teams” as very helpful in assisting them with their case planning responsibilities.
- Change the case plan goal from reunification to adoption sooner if parents are not demonstrating efforts to have their children returned to them.
- Re-examine the reasons why the agency is not filing for TPR in some cases to ensure that they are completed as necessary.